

United States District Court  
Western District of Michigan

**FILED - GR**

March 8, 2023 1:28 PM

CLERK OF COURT

U.S. DISTRICT COURT

WESTERN DISTRICT OF MICHIGAN

BY:JMW SCANNED BY: KB 3/8

**CIVIL RIGHTS COMPLAINT FORM FOR**  
**PRO SE, PRISONER LITIGANTS IN ACTIONS UNDER**  
**28 U.S.C. § 1331 or § 1346 or 42 U.S.C. § 1983**

Gregory Scofield,

Inmate ID Number: 22957-040,

\_\_\_\_\_  
(Write the full name and inmate ID  
number of the Plaintiff.)

**1:23-cv-239**

**Sally J. Berens**

**U.S. Magistrate Judge**

**Case No.:** \_\_\_\_\_  
(To be filled in by the Clerk's Office)

**v.**

Bob Mendham,

Officer Mateo,

Officer Parker,

(Write the full name of each  
Defendant who is being sued. If the  
names of all the Defendants cannot  
fit in the space above, please write  
"see attached" in the space and  
attach an additional page with the  
full list of names. Do not include  
addresses here.)

**Jury Trial Requested?**

☐ YES ☐ NO

## I. PARTIES TO THIS COMPLAINT

### A. Plaintiff

Plaintiff's Name: Gregory Scofield ID Number: 22957040

List all other names by which you have been known: \_\_\_\_\_

Current Institution: Marianna Federal Correctional Institution

Address: P.O. Box 7007

Marianna, FL 32447

### B. Defendant(s)

State the name of the Defendant, whether an individual, government agency, organization, or corporation. For individual Defendants, identify the person's official position or job title, and mailing address. Indicate the capacity in which the Defendant is being sued. Do this for *every* Defendant:

1. Defendant's Name: Bob Mendham

Official Position: Sheriff of Newaygo County Jail

Employed at: Newaygo County Jail

Mailing Address: P.O. Box 845 1035 E. James St.

White Cloud, MI 49349

☐ Sued in Individual Capacity

☒ Sued in Official Capacity

2. Defendant's Name: Officer Mateo

Official Position: Correctional Officer

Employed at: Newaygo County Jail

Mailing Address: P.O. Box 845 1035 E. James St.  
White Cloud, MI 49349

☐ Sued in Individual Capacity ☒ Sued in Official Capacity

3. Defendant's Name: Officer Parker

Official Position: Correctional Officer

Employed at: Newaygo County Jail

Mailing Address: P.O. Box 845 1035 E. James St.  
White Cloud, MI 49349

☐ Sued in Individual Capacity ☒ Sued in Official Capacity

*(Provide this information for all additional Defendants in this case by  
attaching additional pages, as needed.)*

## II. BASIS FOR JURISDICTION

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution” and federal law. Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain Constitutional rights.

Are you bringing suit against (*check all that apply*):

- ☐ Federal Officials (*Bivens case*)      ☒ State/Local Officials (§ 1983 case)

### III. PRISONER STATUS

Indicate whether you are a prisoner, detainee, or in another confined status:

- ☐ Pretrial Detainee      ☐ Civilly Committed Detainee  
☐ Convicted State Prisoner      ☒ Convicted Federal Prisoner  
☐ Immigration Detainee      ☐ Other (*explain below*):
- 
- 

### IV. STATEMENT OF FACTS

Provide a short and plain statement of the *facts* which show why you are entitled to relief. Describe how *each* Defendant was involved and what each person did, or did not do, in support of your claim. Identify when and where the events took place, and state how each Defendant caused you harm or violated federal law. Write each statement in short numbered paragraphs, limited as far as practicable to a single event or incident. ***Do not make legal argument, quote cases, cite to statutes, or reference a memorandum.*** You may make copies of the following page if necessary to supply all the facts. Barring extraordinary circumstances, no more than five (5) additional pages



should be attached. *Facts not related to this same incident or issue must be addressed in a separate civil rights complaint.*

1. On March 4 2021, Plaintiff Gregory Scofield rolled out of bed from his sleep on his top bunk and landed on his head with his feet still tangled in his blanket.

2. The room the Plaintiff was in was shared with 13 other inmates. Some rushed over to tell Scofield not to move, that he hit his head on the floor.

3. Some other inmates rushed over to the door to press a call button to get help from the Correctional Officers.

4. About 6 officers entered the room, all wearing body cameras, plus there was a camera in the room mounted high on the wall.

5. Officers Parker and Maten came over and helped the Plaintiff up off the floor while another officer got a wheelchair.

6. The officers then wheeled the Plaintiff to Booking where the officers ~~waited~~ radioed for a Board Officer to meet at the jail.

**Statement of Facts Continued (Page 2 of 3 )**

7. The officers then loaded the Plaintiff into the back seat of the squad car and drove him to the hospital in Fremont, MI while the Plaintiff held a towel to his bleeding head.

8. Once at the hospital the Plaintiff had X-Rays done and that was when the Plaintiff was told he fractured 4 bones in his neck. C1, C4, C5, C6. Along with an injury to his right vertebral artery.

9. The Plaintiff was then rushed to a hospital in Grand Rapids, MI by ambulance where he underwent Emergency Surgery.

10. The Plaintiff had surgery where he had Hardware installed in his neck. He also had to wear a neck brace for 3 months.

11. At the Plaintiff's 3 month check-up his was allowed to keep his neck brace off. The Dr. tried to give the Plaintiff an elastic band to use to stretch his neck for therapy.



### Statement of Facts Continued (Page 3 of 3)

12. The Officers that took the Plaintiff to his 3 month appointment told the Dr. he could not have anything like that to use. So he was Denied physical therapy treatment.

13. On March 18, 2022, at the Plaintiff's yearly check-up on his neck was when it was found out that the Plaintiff has 2 fractured screws now in his neck.

## V. STATEMENT OF CLAIMS

State what rights under the Constitution, laws, or treaties of the United States have been violated. Be specific. If more than one claim is asserted, number each separate claim and relate it to the facts alleged in Section III. If more than one Defendant is named, indicate which claim is presented against which Defendant.

1. Defendants Mateo and Parker were negligent and violated Plaintiff Seafield's rights by moving Plaintiff Seafield, after a major fall from his top bunk onto his head, from the floor and into a Police cruiser prior to and without use of any type of neck brace.  
See Attached

## VI. RELIEF REQUESTED

State briefly what relief you seek from the Court. Do not make legal arguments or cite to cases/ statutes. If requesting money damages (*either actual or punitive damages*), include the amount sought and explain the basis for the claims.

1. Compensatory damages in the amount of \$50,000 against each defendant, jointly and severally.  
2. Punitive damages in the amount of \$8 million dollars, for permanent physical injuries

3. For such other and further relief as this Court deems just and proper



## V. Statement Of Claims Continued (Page 2 of 2)

2. Defendant Bob Mendham were negligent and violated Plaintiff Scofield's rights by providing inadequate and unsafe conditions, including by not providing side railings on top bunks to prevent falls by sleeping inmates.

3. Defendants Newaygo County Jail and Bob Mendham were negligent and violated Plaintiff Scofield's rights by not following protocol in not properly training jail staff in the handling of inmates who have suffered a severe head and neck injury resulting from a major fall.

**ATTENTION:** *The Prison Litigation Reform Act (“PLRA”) does not permit awards for punitive or compensatory damages “for mental or emotional injury suffered while in custody without a prior showing of physical injury or the commission of a sexual act . . . .” 42 U.S.C. § 1997e(e).*

## **VII. EXHAUSTION OF ADMINISTRATIVE REMEDIES**

The PLRA requires that prisoners exhaust all available administrative remedies (*grievance procedures*) before bringing a case. 42 U.S.C. § 1997e(a). **ATTENTION:** *If you did not exhaust available remedies prior to filing this case, this case may be dismissed.*

## **VIII. PRIOR LITIGATION**

**ATTENTION:** *The “three strikes rule” of the PLRA bars a prisoner from bringing a case without full payment of the filing fee at the time of case initiation if the prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).*

A. To the best of your knowledge, have you had any case dismissed for a reason listed in § 1915(g) which counts as a “strike”?

☐ YES ☒ NO

If you answered yes, identify the case number, date of dismissal and court:

1. Date: \_\_\_\_\_ Case #: \_\_\_\_\_

Court: \_\_\_\_\_

2. Date: \_\_\_\_\_ Case #: \_\_\_\_\_

Court: \_\_\_\_\_

3. Date: \_\_\_\_\_ Case #: \_\_\_\_\_

Court: \_\_\_\_\_

*(If necessary, list additional cases on an attached page)*

B. Have you filed other lawsuits in either **state or federal court** dealing with the same facts or issue involved in this case?

☐ YES ☒ NO

If you answered yes, identify the case number, parties, date filed, result *(if not still pending)*, name of judge, and court for each case *(if more than one)*:

1. Case #: \_\_\_\_\_ Parties: \_\_\_\_\_



Court: \_\_\_\_\_ Judge: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Dismissal Date (*if not pending*): \_\_\_\_\_

Reason: \_\_\_\_\_

2. Case #: \_\_\_\_\_ Parties: \_\_\_\_\_

Court: \_\_\_\_\_ Judge: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Dismissal Date (*if not pending*): \_\_\_\_\_

Reason: \_\_\_\_\_

C. Have you filed any other lawsuit in federal court either challenging your conviction or otherwise relating to the conditions of your confinement?

☐ YES ☒ NO

If you answered yes, identify all lawsuits:

1. Case #: \_\_\_\_\_ Parties: \_\_\_\_\_

Court: \_\_\_\_\_ Judge: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Dismissal Date (*if not pending*): \_\_\_\_\_

Reason: \_\_\_\_\_

2. Case #: \_\_\_\_\_ Parties: \_\_\_\_\_

Court: \_\_\_\_\_ Judge: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Dismissal Date (*if not pending*): \_\_\_\_\_

Reason: \_\_\_\_\_

3. Case #: \_\_\_\_\_ Parties: \_\_\_\_\_

Court: \_\_\_\_\_ Judge: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Dismissal Date (*if not pending*): \_\_\_\_\_

Reason: \_\_\_\_\_

4. Case #: \_\_\_\_\_ Parties: \_\_\_\_\_

Court: \_\_\_\_\_ Judge: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Dismissal Date (*if not pending*): \_\_\_\_\_

Reason: \_\_\_\_\_

5. Case #: \_\_\_\_\_ Parties: \_\_\_\_\_

Court: \_\_\_\_\_ Judge: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Dismissal Date (*if not pending*): \_\_\_\_\_

Reason: \_\_\_\_\_

6. Case #: \_\_\_\_\_ Parties: \_\_\_\_\_

Court: \_\_\_\_\_ Judge: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Dismissal Date (*if not pending*): \_\_\_\_\_

Reason: \_\_\_\_\_


*(Attach additional pages as necessary to list all cases. Failure to disclose all prior cases may result in the dismissal of this case.)*

## IX. CERTIFICATION

I declare under penalty of perjury that the foregoing (including all continuation pages) is true and correct. Additionally, as required by Federal

Rule of Civil Procedure 11, I certify that to the best of my knowledge, information, and belief, this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to timely notify the Clerk's Office if there is any change to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date: 3-2-2023 Plaintiff's Signature: 

Printed Name of Plaintiff: Gregory Seafeld #22957040

Correctional Institution: Marianna Federal Correctional Institution

Address: P.O. Box 7007  
Marianna, FL 32447

**I certify and declare, under penalty of perjury, that this complaint was**

**(check one) ☒ delivered to prison officials for mailing or ☐ deposited in**

Greg Seafeld  
 3-2-2023



Greg Scofield #22957040  
Federal Correctional Institution  
P.O. Box 7007  
Marianna, FL 32447

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Federal Building  
Michigan St. NW  
and Rapids, MI  
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